MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11609 **CERTIFICATE OF DEATH** Reg. Dist. No. 11596 2 83

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
STREET ADDRESS (If rural give location) Piney Neck Section

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) M. (Last) Ashley
4. DATE OF DEATH: (Month) (Day) (Year) I2/I2/54 19

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 6, I867
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Ashley
14. MOTHER'S MAIDEN NAME: Mary A. Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Clydia Hill Rock Hall, Md. daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio Vascular

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954, to Dec 12, 1954, that I last saw the deceased alive on Dec 11, 1957, and that death occurred at 11 9 M, from the causes and on the date stated above.

SIGNATURE Norbert C. Nitsch M. D. ADDRESS Rock Hall Md. DATE SIGNED Dec 13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF I2/I5/54
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem.
LOCATION (City, town, or county) (State) Rock Hall, Md.

DATE REC'D BY LOCAL REGISTRAR 12/13/54
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR J. Willis Wells, ADDRESS Chestertown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1954
BUREAU V. S.

11597

MARYLAND 11610

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202 207

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Kennedyville | MARYLAND LENGTH OF STAY (In this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Kennedyville | COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Kennedyville md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Caulk

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married | 8. DATE OF BIRTH: aug 14 1895 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm work
10b. KIND OF BUSINESS OR INDUSTRY: farm work
11. BIRTHPLACE (State or foreign country): Kennedyville md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Ellis Caulk
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 219-07-7227
17. INFORMANT AND ADDRESS: Olivia Caulk Kennedyville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
Immediate cause (a) Bronchical Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute Cold

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1954, to Dec 12, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at ~~Dec~~ at 11 A.M. m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title) M.D. ADDRESS: Still Pond DATE SIGNED: 12/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-16-54 | NAME OF CEMETERY OR CREMATORY: Morgan Neck | LOCATION (City, town, or county) (State): Chestertown Md.

DATE REC'D BY LOCAL REG.: 12/15/54 | REGISTRAR'S SIGNATURE: E. Leonard Jones Clara L. Barnes asst

24. FUNERAL DIRECTOR: B. K. Fellows | ADDRESS: Still Pond, Md.

Bronchial Pneumonia

Acute Cold

RECEIVED
DEC 30 1914
BUREAU V. S.

11599

11598

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dayner (Last) Coleman
4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 9 1872
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Rock Hall
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Coleman
14. MOTHER'S MAIDEN NAME: Louise Wells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): L
16. SOCIAL SECURITY NO.: L
17. INFORMANT AND ADDRESS: Mrs Thelma Price Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — 24 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1954, to Dec 10, 1954, that I last saw the deceased alive on Dec 10, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard F Smith MD Rock Hall 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/13/54 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall | (State) Md.

DATE REC'D BY LOCAL REG. Dec 13 1954 | REGISTRAR'S SIGNATURE Clara S. Barnes | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill

RECEIVED
DEC 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11599

CERTIFICATE OF DEATH

Reg. Dist. No. 202

11600

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
STREET ADDRESS (If rural give location) 439 High St.

3. NAME OF DECEASED: (Type or Print) (First) RUFUS (Middle) E (Last) COLLINS

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN
10B. KIND OF BUSINESS OR INDUSTRY: MUNICIPAL ADMINISTR.
11. BIRTHPLACE (State or foreign country): LAUREL - DELAWARE
12. CITIZEN OF WHAT COUNTRY? US BORN

13. FATHER'S NAME: JOSEPH COLLINS
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16-, 1954, to 12-26, 1954, that I last saw the deceased alive on 12-26, 1954, and that death occurred at 6:55 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Chestertown DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/29/54
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 28 - 1954
REGISTRAR'S SIGNATURE Clara L. Barnes
24. FUNERAL DIRECTOR N. L. Dushanow
ADDRESS Laurel, Del.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
DEC 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11600

CERTIFICATE OF DEATH

11611

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH:
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) MARY (Middle) E (Last) COMEGYS

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 15 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Wilmer

14. MOTHER'S MAIDEN NAME: Martha Hagen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Beatrice Comegys Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pneumonia (Virus)	One week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myodegeneration of heart	Some years
	DUE TO (c)	

422.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.15.54, 19—, to 12.23, 19 54, that I last saw the deceased alive on 12.23, 19 54, and that death occurred at 3.20 P.M., from the causes and on the date stated above.

SIGNATURE Leo Kowalewski (Degree or title) M.D. ADDRESS Millington DATE SIGNED 12.24.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 27 1954 — NAME OF CEMETERY OR CREMATORY Millington Cem. — LOCATION (City, town, or county) (State) Millington Md

DATE REC'D BY LOCAL REGISTRAR Dec. 24, 1954 — REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

RECEIVED
JAN 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11601

11612

CERTIFICATE OF DEATH

Reg. Dist. No. 202

Item 2, Film 175 12-28-54 at

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairlee
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Strong Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Mt. Vernon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) J. (Last) Elliott

4. DATE OF DEATH: (Month) Dec. (Day) I4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: Ella Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: [illegible] Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardiovascular disease — years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia — several weeks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954 to Dec. 14, 1954, that I last saw the deceased alive on Dec 13, 1954, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE Willard F. Smith MD M. D. ADDRESS Rock Hall, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/16/54 — NAME OF CEMETERY OR CREMATORY Chester Cemetary — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 14-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11602

11601

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) (Last) [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19

5. SEX: [illegible]
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH: ? ? 1887
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10B. KIND OF BUSINESS OR INDUSTRY: ([illegible])
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]es Frisby
14. MOTHER'S MAIDEN NAME: Sally Frisby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-03-8123
17. INFORMANT & ADDRESS: Mrs. Fannie Wilson Calvert St. Chestertown,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ~~[illegible]~~ Heart failure (probable) about a week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Advanced general vigil arteriosclerosis unknown DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. auricular fibrillation unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1954 to 12/26, 1954 that I last saw the deceased alive on 12/26, 1954, and that death occurred at 5 45 M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Chestertown, Md. DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 2[illegible], 195[illegible]
NAME OF CEMETERY OR CREMATORY [illegible]nes' Col. Cemetery
LOCATION (City, town, or county) Chestertown, [illegible] (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 28-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willie [illegible]lls
ADDRESS [illegible]

11603

11602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Cannon

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 501 Cannon

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Rebecca (Last) Henry

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 28, 1868

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Stanley

14. MOTHER'S MAIDEN NAME: Sarah Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lottie Kennard, 501 Cannon St Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery disease — Interval Between Onset and Death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ....., 1950, to Dec. 12, 1954, that I last saw the deceased alive on 12-11, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Sick	M.D.	Chestertown, Md	12-12-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/1954	Chester Cem.	Chestertown,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 13, 1954	Clara L. Barnes	T. Willis Wells	Chestertown, Md.

RECEIVED
DEC 17
PUBLIC V. S

11613

11604

200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~251~~

1. PLACE OF DEATH: COUNTY Kent ~~Queen Anne~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent ~~Q.A.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JONATHAN (Middle) (Last) JONES

4. DATE OF DEATH (Month) Dec. (Day) 24 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Jan. 26 = 1889

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Jones

14. MOTHER'S MAIDEN NAME Caroline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Daysie Jones Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) none

INTERVAL BETWEEN ONSET AND DEATH 10½ hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/23/54, to 12/24/54, 19....., that I last saw the deceased alive on 12/23/54, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE H H Hamilton (Degree or title) M.D. ADDRESS Millington, Md. DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Dec. 26 NAME OF CEMETERY OR CREMATORY Millington LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REG. Dec. 26 1954 REGISTRAR'S SIGNATURE Edward Villour

24. FUNERAL DIRECTOR Edgar L. Lane = Church Hill, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 11603

11605

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202 201

1. PLACE OF DEATH: COUNTY KENT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WORTON (RURAL)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNES HOSP.	STREET ADDRESS (If rural, give location) COLEMANS, MD.

3. NAME OF [redacted] (Type or Print)	(First) MARY	(Middle)	(Last) JONES	4. DATE OF DEATH (Month) DEC. (Day) 19 (Year) 1954
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) SINGLE	8. DATE OF BIRTH DEC. 17 1954	9. AGE last birthday 2 DAYS — If under 1 year: Months 0, Days 2; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME RUBIN JONES		14. MOTHER'S MAIDEN NAME ADDIE WILSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS RUBIN JONES WORTON, RURAL, MD.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration pneumonia — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intracranial hemorrhage at birth — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1954, to Dec 19, 1954, that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Florence Deringer Joyce (Degree or title) M.D. — ADDRESS Worton, Md — DATE SIGNED Dec 20, 1954

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL	DATE DEC. 20, 1954	NAME OF CEMETERY OR CREMATORY COLEMANS CEMETERY	LOCATION (City, town, or county) WORTON, RURAL (State) MD.
DATE REC'D BY LOCAL REG. 12/22/54	REGISTRAR'S SIGNATURE E. Kennard Jones Clara S. Barnes mnt.	24. FUNERAL DIRECTOR B. R. Fellows Still Pond, Md.	ADDRESS

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MARGIN RESERVED FOR BINDING

11606

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11604

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Q.A. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) (Last) KIRBY

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 30 1878

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grader

10b. KIND OF BUSINESS OR INDUSTRY: State Roads

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lambert Kirby - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident — Interval between onset and death: 24 d.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1954, to 12-30, 1954, that I last saw the deceased alive on 12-30, 1954 and that death occurred at approx. 7:20 p.m., from the causes and on the date stated above.

SIGNATURE: R. M. Duffie (Degree or title) M.D. ADDRESS: Chestertown DATE SIGNED: 12-31-54

27. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Jan. 2 | NAME OF CEMETERY OR CREMATORY: Church Hill | LOCATION (City, town, or county): Church Hill (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 1 - 1955 | REGISTRAR'S SIGNATURE: Clara L. Barnes | 24. FUNERAL DIRECTOR: Edgar L. Bare - Church Hill Md. | ADDRESS

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11607

11605 **CERTIFICATE OF DEATH** Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton
STREET ADDRESS (If rural give location) Rural Worton Md

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) B. (Last) Parsons
4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 14, 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Worton Md Kent
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Harrison Parsons
14. MOTHER'S MAIDEN NAME: Annie J. Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Louis Parsons

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSE (S) DUE TO (B) Annular carcinoma of descending colon — 5 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8-23-54
19B. MAJOR FINDINGS OF OPERATION: Annular carcinoma descending colon c̄ metastasis
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1954, to 12-30, 1954, that I last saw the deceased alive on 12-30, 1954, and that death occurred at 9:15 pM, from the causes and on the date stated above.
SIGNATURE A C Dick M. D. ADDRESS Chestertown, Md DATE SIGNED 12-30-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF 1/2/55
NAME OF CEMETERY OR ~~CREMATORY~~ Chester
LOCATION (City, town, or county) Chestertown (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Jan. 2-1955
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1955
BUREAU V. S.

11614 **MARYLAND STATE DEPARTMENT OF HEALTH** 11608

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place): all 4 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Point Farm	STREET ADDRESS (If rural, give location): East Neck Island Rd

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Pearce

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 10 1888

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible] Pearce + [illegible]

14. MOTHER'S MAIDEN NAME: Julia Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: [illegible] Pearce - Rock Hall - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to Dec 21, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Willard F. Smith (Degree or title) MD — ADDRESS: Rock Hall, Md. — DATE SIGNED: 12/21/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 23, 1954 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Dec 23/54 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible], Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible]ct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(11609)
11614

MARYLAND 11615

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

Item 12, FilmG175 1-7-55 et

1. PLACE OF DEATH: COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON; LENGTH OF STAY (In this place) 14 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL; STREET ADDRESS (If rural, give location) WORTON, MD.

3. NAME OF DECEASED (Type or Print): (First) MARK (Middle) — (Last) PLANK

4. DATE OF DEATH: (Month) DEC. (Day) 27 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) ✓

8. DATE OF BIRTH: MAY 28, 1882

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM WORK

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: JOHN PLANK

14. MOTHER'S MAIDEN NAME: MARY —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: MARGARET SMITH WORTON R.F.D. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchial Pneumonia

Antecedent cause(s) ante Cold.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

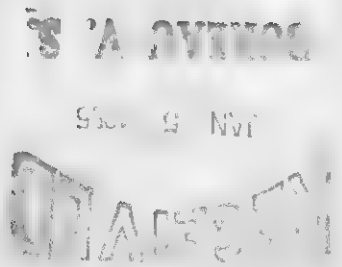
22. I hereby certify that I attended the deceased from Dec 25 1954, to Dec 27, 1954, that I last saw the deceased alive on Dec 26, 1954 and that death occurred at ... P. m., from the causes and on the date stated above.

SIGNATURE Lewis P. Atwell (Degree or title) MD ADDRESS Still Pond md. DATE SIGNED 12/30/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL; DATE DEC. 30, 1954; NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY; LOCATION (City, town, or county) STILL POND (State) MD.

DATE REC'D BY LOCAL REG. 12/30/54; REGISTRAR'S SIGNATURE E Leonard Jones; 24. FUNERAL DIRECTOR B.R. Fillows; ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11610

11606 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) Cross St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Porter

4. DATE OF DEATH: (Month) (Day) (Year) 12/16/54 19

5. SEX: fma | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible] | 8. DATE OF BIRTH: [illegible] | 9. AGE last birthday: 62 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Queen Anne Co. Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Callahan | 14. MOTHER'S MAIDEN NAME: Cora J. [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Roland Porter [illegible] Husband

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Auricular fibrillation, rapid, uncontrollable — 2 weeks

ANTECEDENT CAUSE (S) DUE TO probable coronary thrombosis — 3days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO — 2 weeks

(C) — 3 days

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 11-29 , 1954, to 12-16 , 1954, that I last saw the deceased alive on 12-16 , 1954, and that death occurred at 1:15 P.M, from the causes and on the date stated above.

SIGNATURE Robert W. Farr M. D. ADDRESS Chestertown, Md. DATE SIGNED Dec. 17, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/19/54 | NAME OF CEMETERY OR CREMATORY Chester Cemetery | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR Dec. 17-1954 | REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS J. illis Wells - Chestertown, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11611

Film G175 Item 21f 1-7-55 ams

11607

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentowd Queen Ann's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) 610 High Street

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Potts

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 12, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? ✓ don't know

13. FATHER'S NAME: Joseph Rollinson
14. MOTHER'S MAIDEN NAME: Martha Albatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: George Ward 610 High St. Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Cerebral fatty embolus — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
ANTECEDENT CAUSE (S) DUE TO (B) Fracture of left femur — 7 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile dementia — 6 mos

19A. DATE OF OPERATION: 12-22-54
19B. MAJOR FINDINGS OF OPERATION: Fracture left femur, intertrochanteric, comminuted
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (City or town) Chestertown (County) Kent (State) Md

21D. TIME OF INJURY (Month) Dec. (Day) 20, (Year) 1954 (Hour) A.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR? Unknown; found sitting on bedroom floor

22. I hereby certify that I attended the deceased from 12-20, 1954, to 12-27, 1954, that I last saw the deceased alive on 12-27, 1954, and that death occurred at 10:30 p M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Chestertown, Md DATE SIGNED 12-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 30, 1954
NAME OF CEMETERY OR CREMATORY North Cedar Hill Cem.
LOCATION (City, town, or county) Philadelphia, Penna (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 28-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

11612

MARYLAND STATE DEPARTMENT OF HEALTH

11608

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Spring Church (Dirt Road)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Queen St.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) B. (Last) Strong

4. DATE OF DEATH (Month) I2/25/54 (Day) (Year) 19

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH I/II/1896

9. AGE last birthday 58 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manager

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edgar H. Strong

14. MOTHER'S MAIDEN NAME Rose V. Crouch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Howard B. Strong, Jr. Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Internal Chest Injuries — Interval between onset and death: very brief

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Near Rock Hall — (COUNTY) Kent — (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 25 (Year) 54 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED I2/26/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF I2/27/1954 — NAME OF CEMETERY OR CREMATORY Georgetown Cemetery — LOCATION (City, town, or county) (State) near Galena, Maryland

DATE REC'D BY LOCAL REG. Dec. 27-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. — ADDRESS

RECEIVED
DEC 29 1954
BUREAU V. S.

11613

11616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) May Virginia (Last) Urie

4. DATE OF DEATH (Month) Dec (Day) 12 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Aug 20-1878

9. AGE last birthday 76 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Balt. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Adam Wattemier

14. MOTHER'S MAIDEN NAME Mary Madeira

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS Mrs Ronald B. Urie Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 53, to Dec 13, 19 54, that I last saw the deceased alive on Dec 12, 19 54, and that death occurred at 2 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Garland F. Smith MD Rock Hall Md. 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 12/15/54

NAME OF CEMETERY OR CREMATORY Wesley Chapel

LOCATION (City, town, or county) (State) Rock Hall Md

DATE REC'D BY LOCAL REG. 12/15/54

REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR Edgar L. Jane Church Hill Md

RECEIVED
DEC 27 1954
BUREAU V. S.